

	<b>ORAL HEALTH SERVICES (OHS) Now known as CompBenefits</b>	
<b>Choice of Dentist</b>	Limited to Participating Dentists in Private Practice	
<b>Maximum Benefit/Deductible</b>	No Maximum No Deductible	
<b>Type I</b>	<b>STANDARD</b>	<b>ENRICHED</b>
	<b>You Pay</b>	<b>You Pay</b>
0150 Comprehensive Oral Evaluation -New or Established	No Charge	No Charge
0120 Periodic Oral Exam	No Charge	No Charge
Xrays	No Charge	No Charge
1110/20 Prophylaxis	No Charge (Once every 6 months)	No Charge (Once every 6 months)
1203 Flouride Treatment (children up to the age 19)	No Charge	No Charge
1351 Sealant - per tooth	6.00	No Charge
<b>Type II</b>		
Fillings: (silver)		
2140 one surface	No Charge	No Charge
2150 two surfaces	\$11.00	No Charge
2160 three surfaces	\$16.00	No Charge
2161 four or more surfaces	\$18.00	No Charge
Root canals:		
3310 Anterior	90.00	45.00
3320 Bicuspid	155.00	90.00
3330 Molar	200.00	145.00
3410 Apicoectomy	75.00	65.00
Extractions:		
7111 Single tooth	No Charge	No Charge
7140 Extraction, erupted tooth or exposed tooth	No Charge	No Charge
7210 Surgical extraction of erupted tooth	15.00	No Charge
Periodontics: (gum treatment)		
4341 Periodontal scaling & root planning-per quadrant	40.00	40.00
4210 Gingivectomy/gingivoplasty - per quadrant	120.00	90.00
4910 Periodontal maintenance procedures	25.00	25% Discount
<b>Type III</b>		
Crown & Bridge		
2930 Prefabricated stainless steel primary tooth	25.00	No Charge
2791 Crown full cast predominately base metal	\$210.00	\$175.00
2751 Crown Porcelain fused to base metal	\$210.00	175.00
Pontics:		
6210 Full cast	25% Discount	25% Discount
6240 Porcelain fused to metal	25% Discount	25% Discount
Prosthodontics (Dentures)		
5110 Complete upper	230.00	205.00
5120 Complete lower	230.00	205.00
5213/14 Partial upper or lower - cast metal base	275.00	240.00
<b>ORTHODONTIA</b>		
Consultation	25% Discount	No Charge
Evaluation	25% Discount	25.00
Records	25% Discount	200.00
Children - Normal Class II	25% Discount	1,400.00
Adult - Normal Class II	25% Discount	1,950.00
8750 Retention	25% Discount	25% Discount

VISION		
Examination	Not Covered	10% Discount
Single Vision Lenses	Not Covered	20% Discount
Bifocal Lenses	Not Covered	20% Discount
Trifocal Lenses	Not Covered	20% Discount
Contact Lenses - Non-Elective	Not Covered	20% Discount
Contact Lenses - Elective	Not Covered	20% Discount
Frames	Not Covered	20% Discount

\*Cost of high noble metal additional.